

***FY07 State of Colorado COBRA Medical / Dental Premiums  
(July 1, 2006 - June 30, 2007)***

<b>MEDICAL</b>			
	Tier	Total Premium* <sup>1</sup>	Premium with Disability Extension* <sup>2</sup>
PPO-1500	Participant	\$286.64	\$421.54
	Participant + Spouse	\$601.40	\$884.40
	Participant + Child(ren)	\$544.16	\$800.22
	Participant+ Sp + Child(ren)	\$830.28	\$1,221.00
PPO-3300	Participant	\$256.24	\$376.82
	Participant + Spouse	\$537.64	\$790.66
	Participant + Child(ren)	\$486.46	\$715.38
	Participant + Sp + Child(ren)	\$742.26	\$1,091.56
PPO-H	Participant	\$270.16	\$397.30
	Participant + Spouse	\$566.54	\$833.14
	Participant + Child(ren)	\$512.66	\$753.90
	Participant+ Sp + Child(ren)	\$782.10	\$1,150.14
INO-30	Participant	\$489.40	\$719.70
	Participant + Spouse	\$1,028.18	\$1,512.04
	Participant + Child(ren)	\$930.22	\$1,367.98
	Participant + Sp + Child(ren)	\$1,420.04	\$2,088.28
Kaiser	Participant	\$329.32	\$484.30
	Participant + Spouse	\$687.46	\$1,010.98
	Participant + Child(ren)	\$622.74	\$915.78
	Participant + Sp + Child(ren)	\$948.48	\$1,394.82
SLVHMO	Participant	\$319.38	\$469.68
	Participant + Spouse	\$666.86	\$980.66
	Participant + Child(ren)	\$603.66	\$887.74
	Participant + Sp + Child(ren)	\$919.54	\$1,352.26
<b>DENTAL</b>			
Delta BASIC	Participant	\$23.34	\$34.32
	Participant + Spouse	\$49.12	\$72.24
	Participant + Child(ren)	\$51.46	\$75.66
	Participant + Sp + Child(ren)	\$86.64	\$127.42
Delta Basic PLUS	Participant	\$31.76	\$46.72
	Participant + Spouse	\$69.96	\$102.88
	Participant + Child(ren)	\$69.96	\$102.88
	Participant + Sp + Child(ren)	\$124.04	\$182.40
Dental DR	Participant	\$28.28	\$41.60
	Participant + Spouse	\$59.50	\$87.48
	Participant + Child(ren)	\$59.50	\$87.48
	Participant + Sp + Child(ren)	\$107.72	\$158.40

\* Includes State administrative fee of \$1.68 for medical and \$0.14 for dental

<sup>1</sup> Includes 2% COBRA administrative fee allowed by federal COBRA regulations

<sup>2</sup> Includes 50% COBRA administrative fee allowed by federal COBRA regulations